



Armed Forces College of Medicine AFCM



The Short Ascending Tracts

:By

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INTENDED LEARNING OBJECTIVES (ILO)



By the end of this lecture the student will be able to:

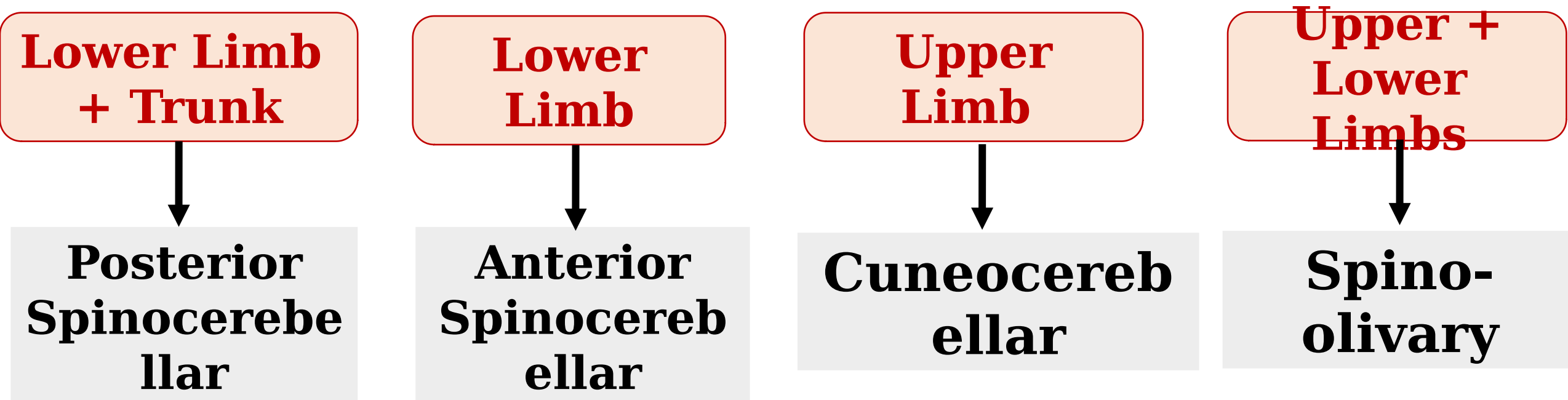
- 1- Define the Short ascending tracts carrying the different sensations.**
- 2- Predict the effects of lesion of each tract.**

Lecture Plan

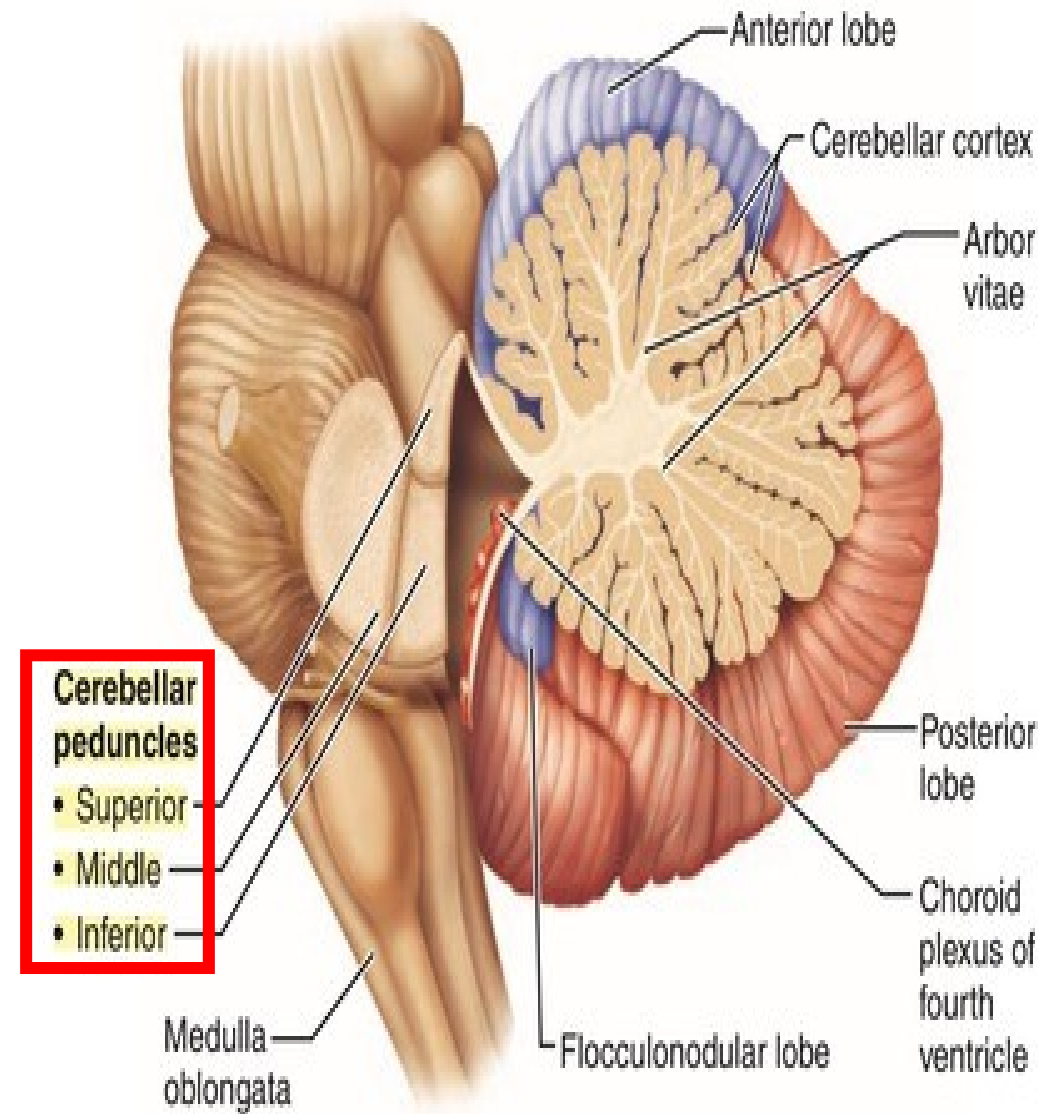
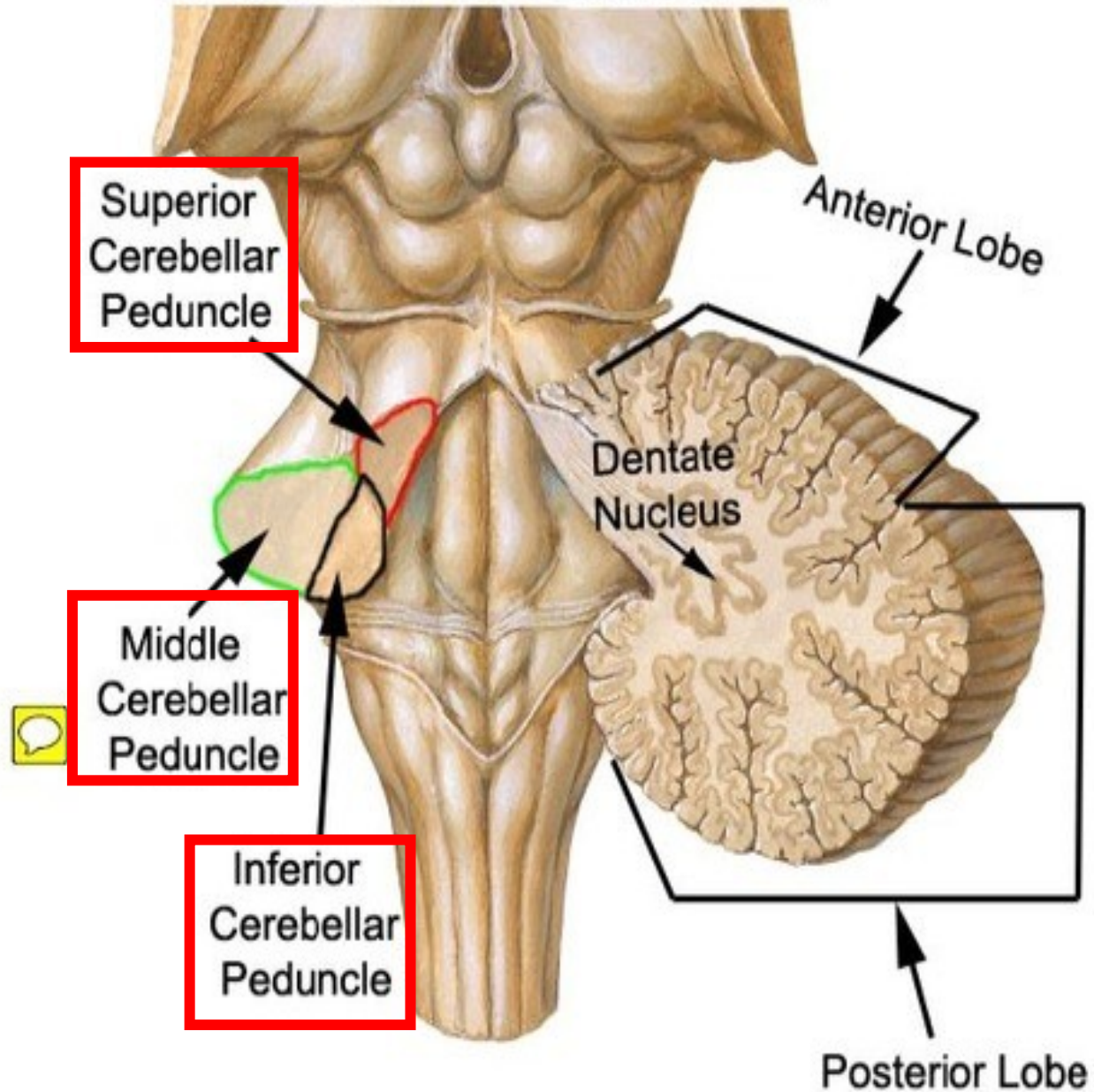


- 1. Part 1 (10 min): Introduction.**
- 2. Part 2 (25 min): Tracts carrying unconscious proprioception to the cerebellum.**
- 3. Part 3 (10 min): Other short ascending tracts.**
- 4. Part 4 (5 min): Summary.**

Tracts carrying Unconscious Proprioception to the Cerebellum (For coordination of movement)



Posterior view of the Brainstem
with part of the Cerebellum removed

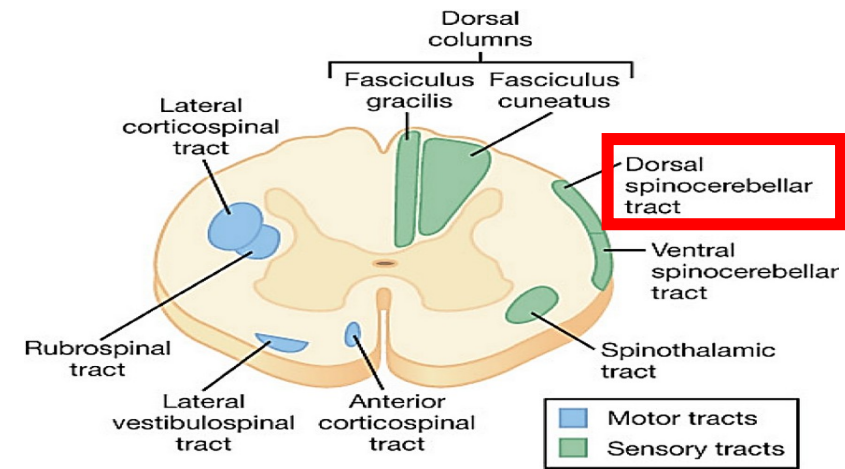
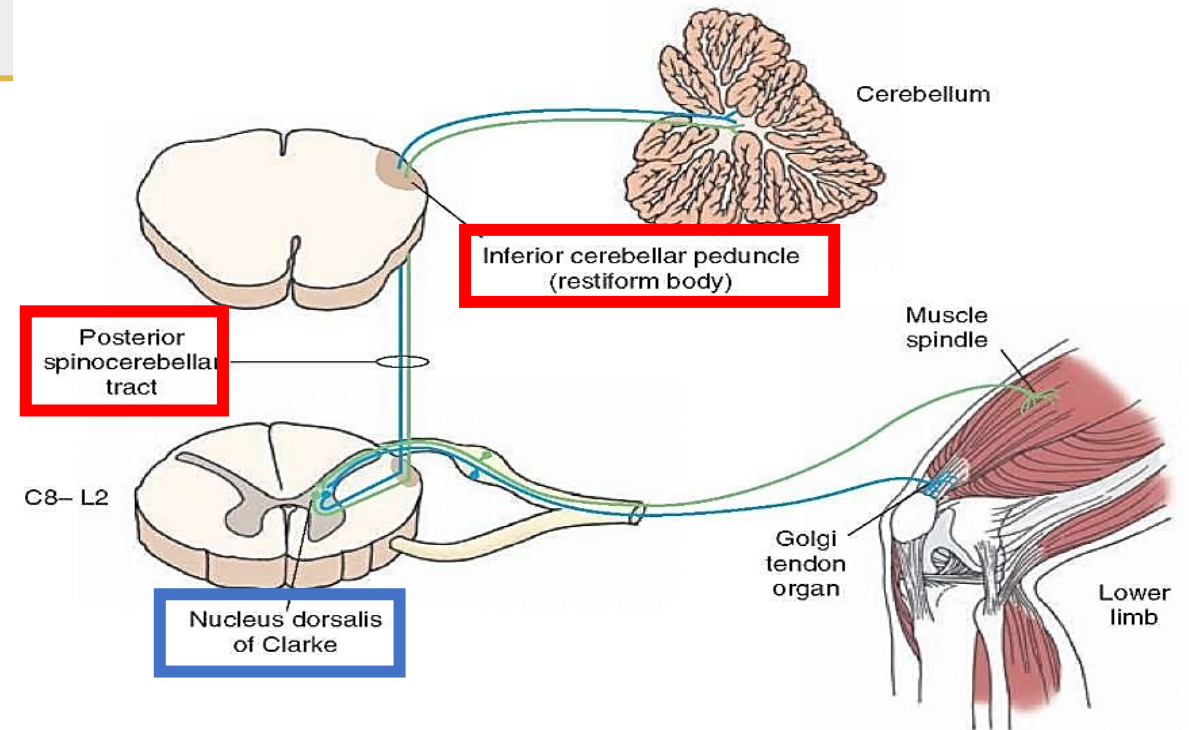


Posterior Spinoocerebellar Tract

Carries Proprioception from the Lower Limb & Trunk.

- The central processes of DRG cells enter the spinal cord via the dorsal root to end on Ipsilateral Clarke's nucleus.

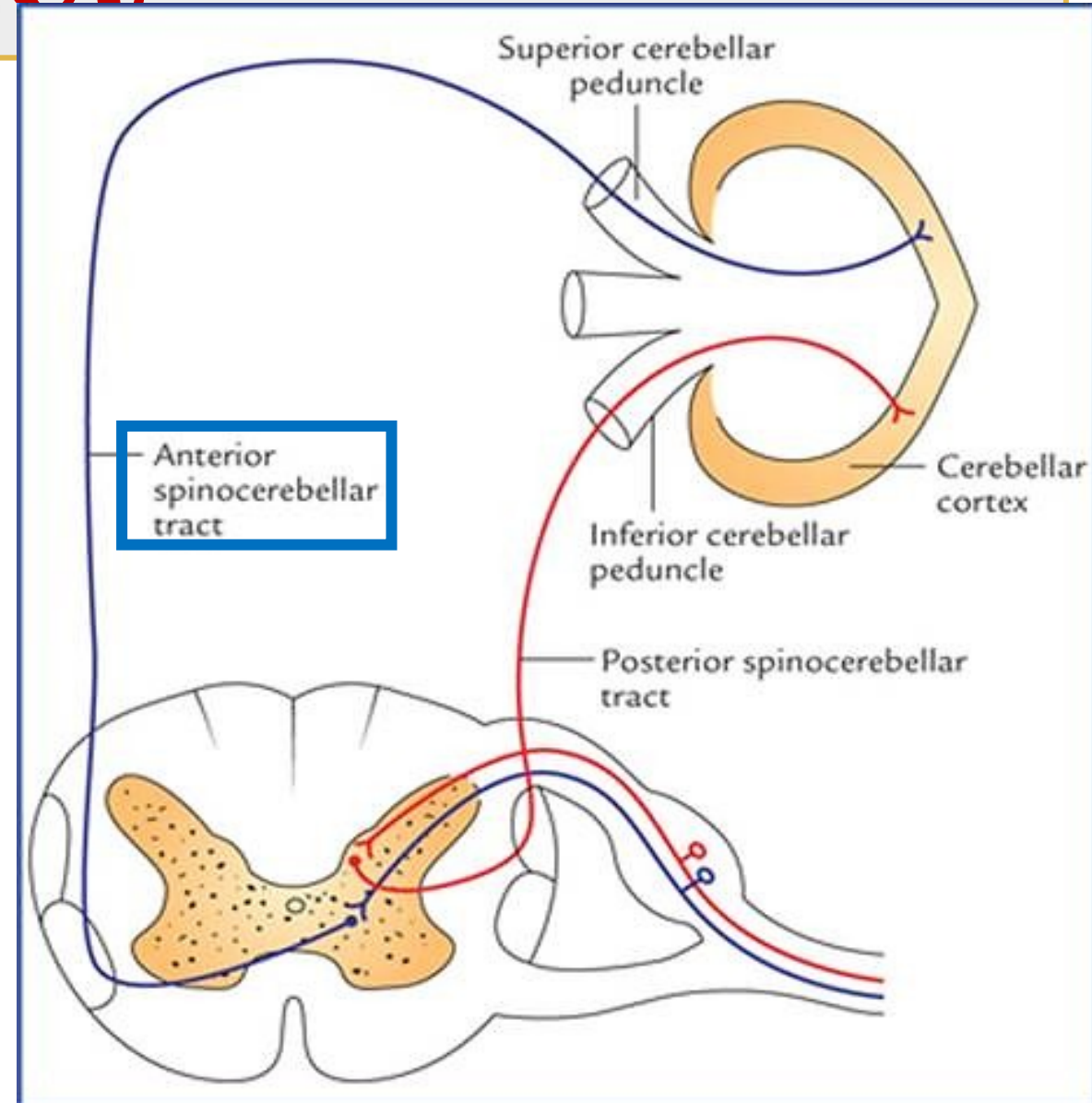
- The tract ascends ipsilaterally in the lateral white column, posterior to the anterior spinoocerebellar tract & enters the ipsilateral cerebellum via the



Anterior Spinocerebellar Tract

Carries proprioception from the Lower Limb.

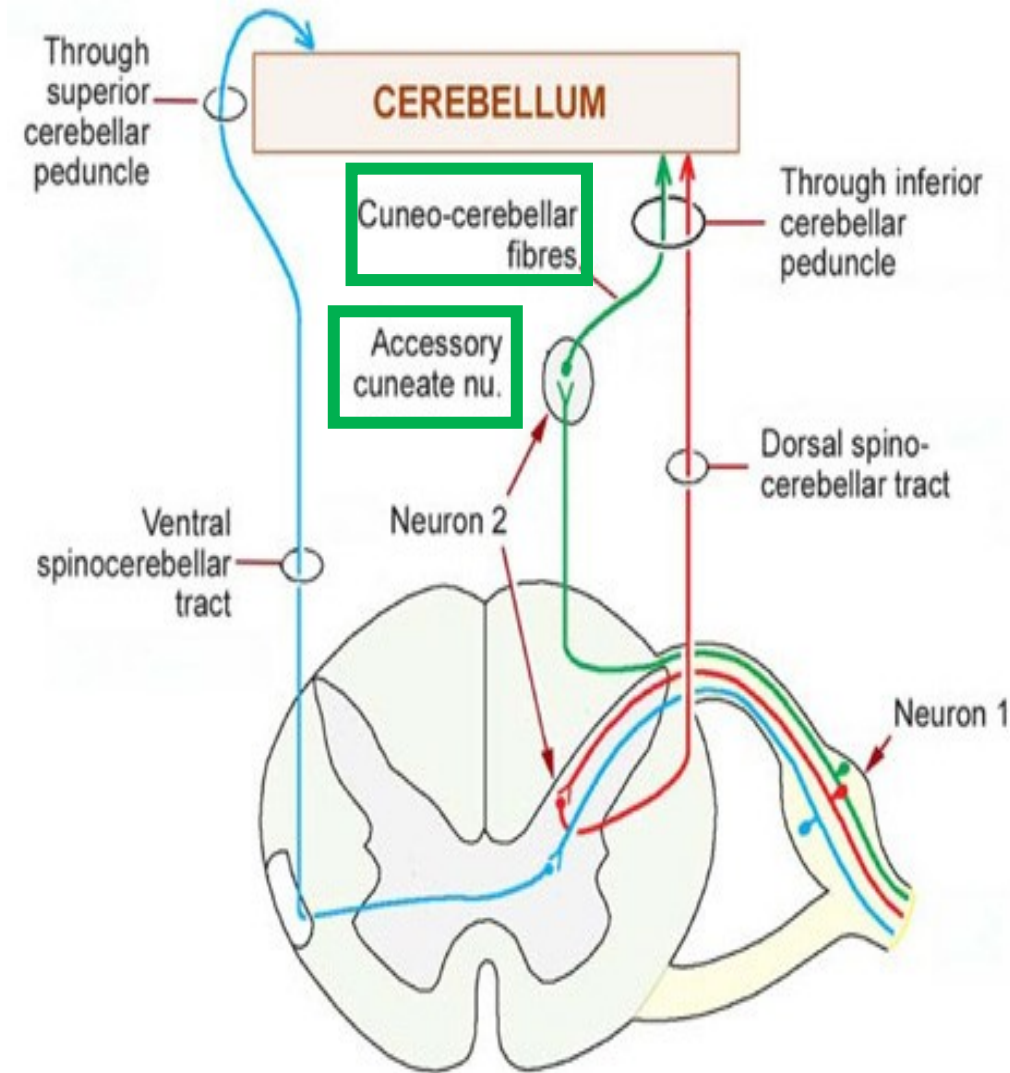
- The central processes enter the spinal cord via the dorsal root to end on Clarke's nucleus.
- Axons forming the tract mostly decussate but few remain ipsilateral.
- They enter the **cerebellum** via the

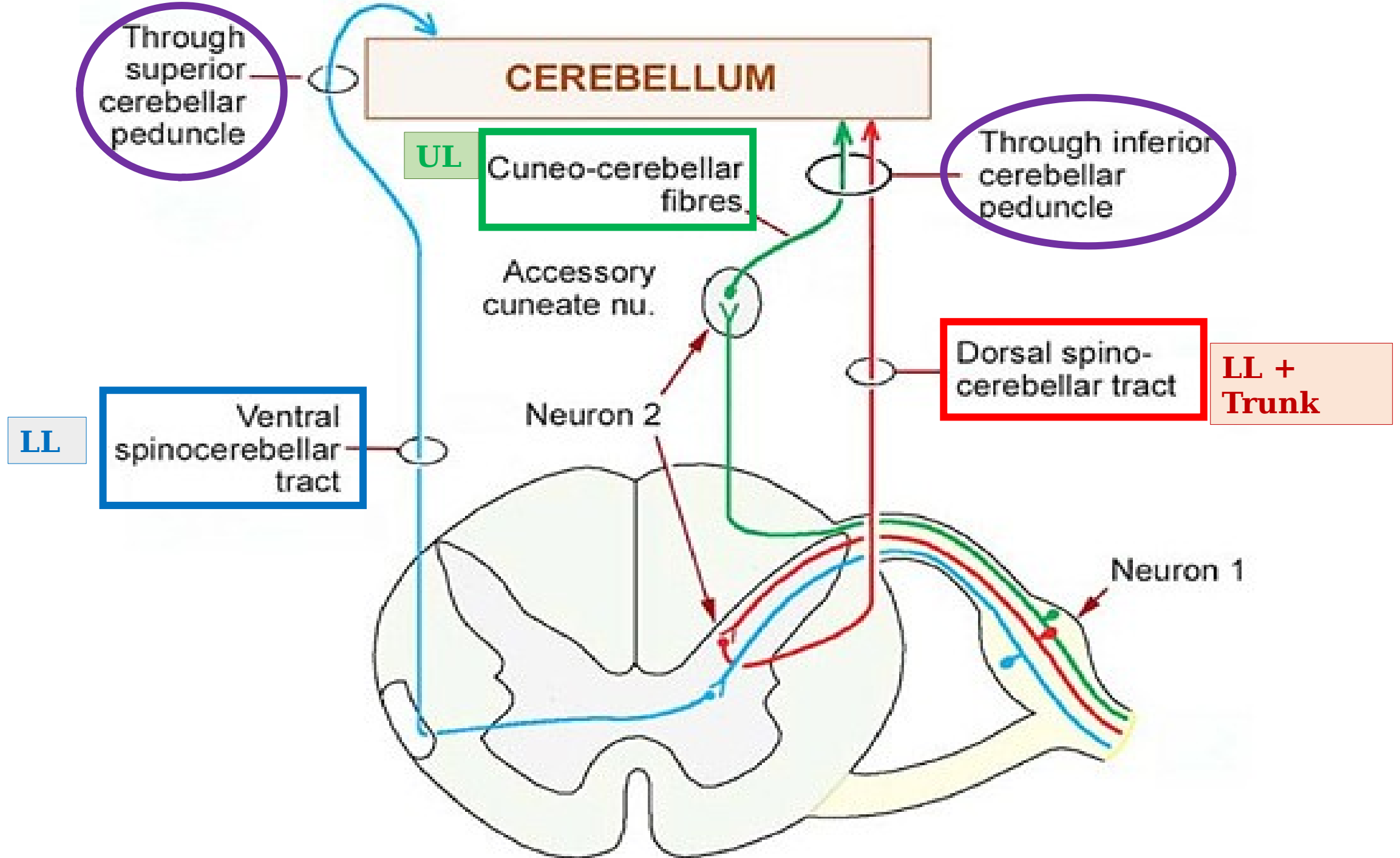


Collaterals from the Cuneate Tract (Cuneo-cerebellar Tract)

Carry proprioception from the Upper Limb to the accessory cuneate nucleus of the medulla.

Axons of the accessory cuneate nucleus form the external arcuate fibers (Cuneocerebellar tract) which



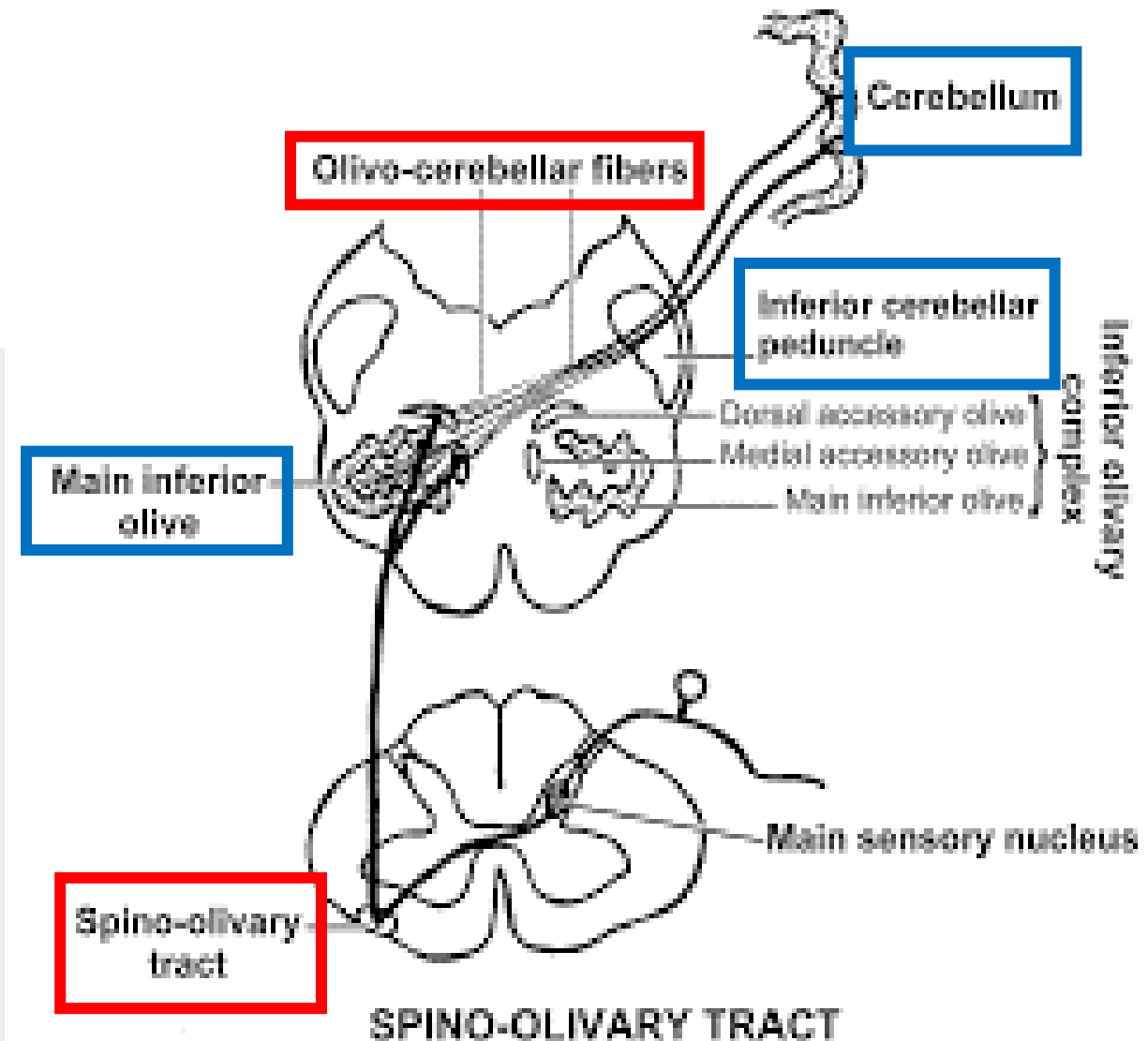


Spino-Olivary Tract

It carries proprioception from **both Upper & Lower Limbs.**

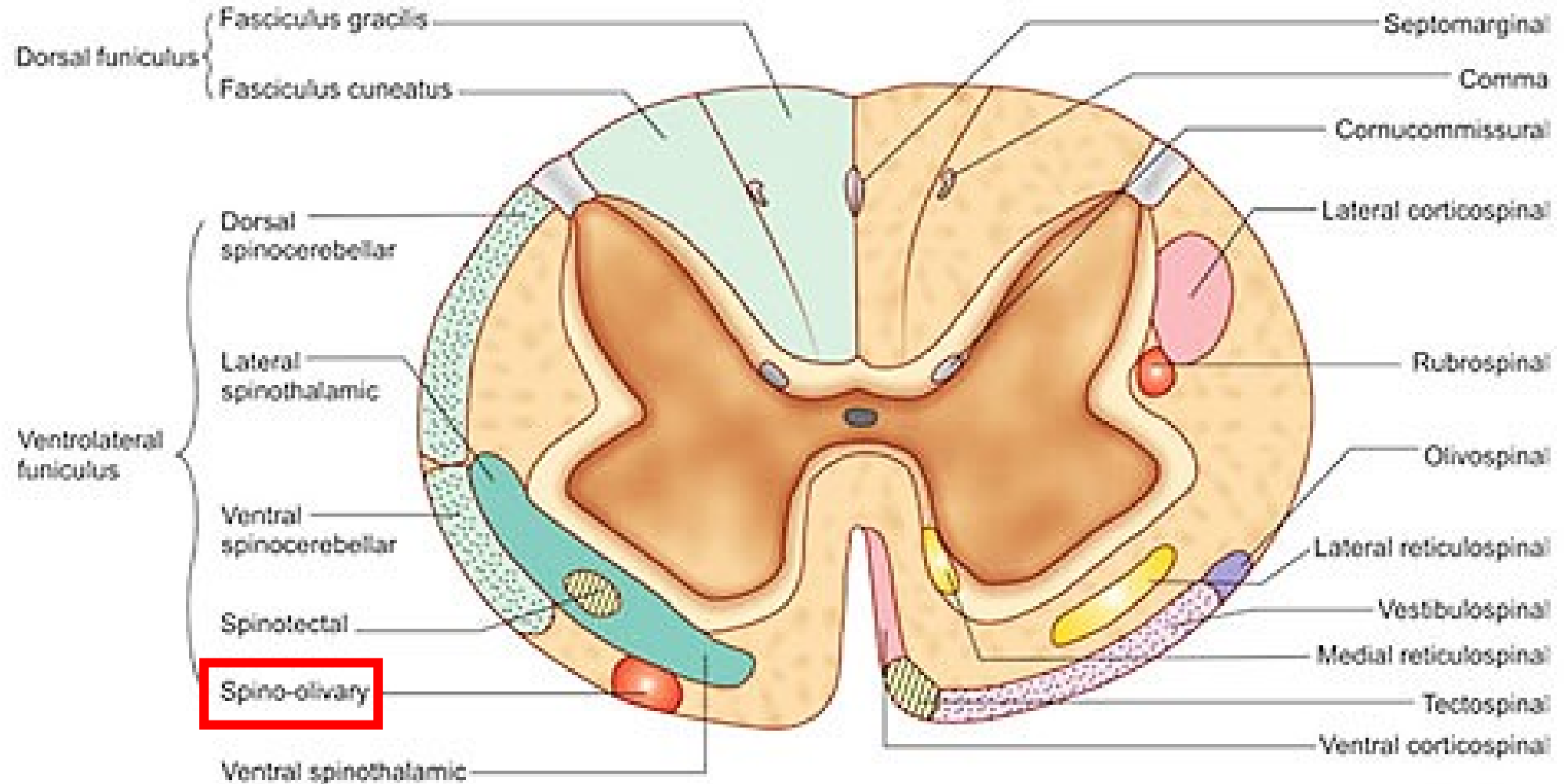
- Its fibers **cross & ascend** at the junction of lateral & ventral white columns to end on the **contralateral olivary nuclei.**

- **Olivocerebellar fibers** **cross &**



ASCENDING TRACTS

DESCENDING TRACTS



Other Short Ascending Tracts

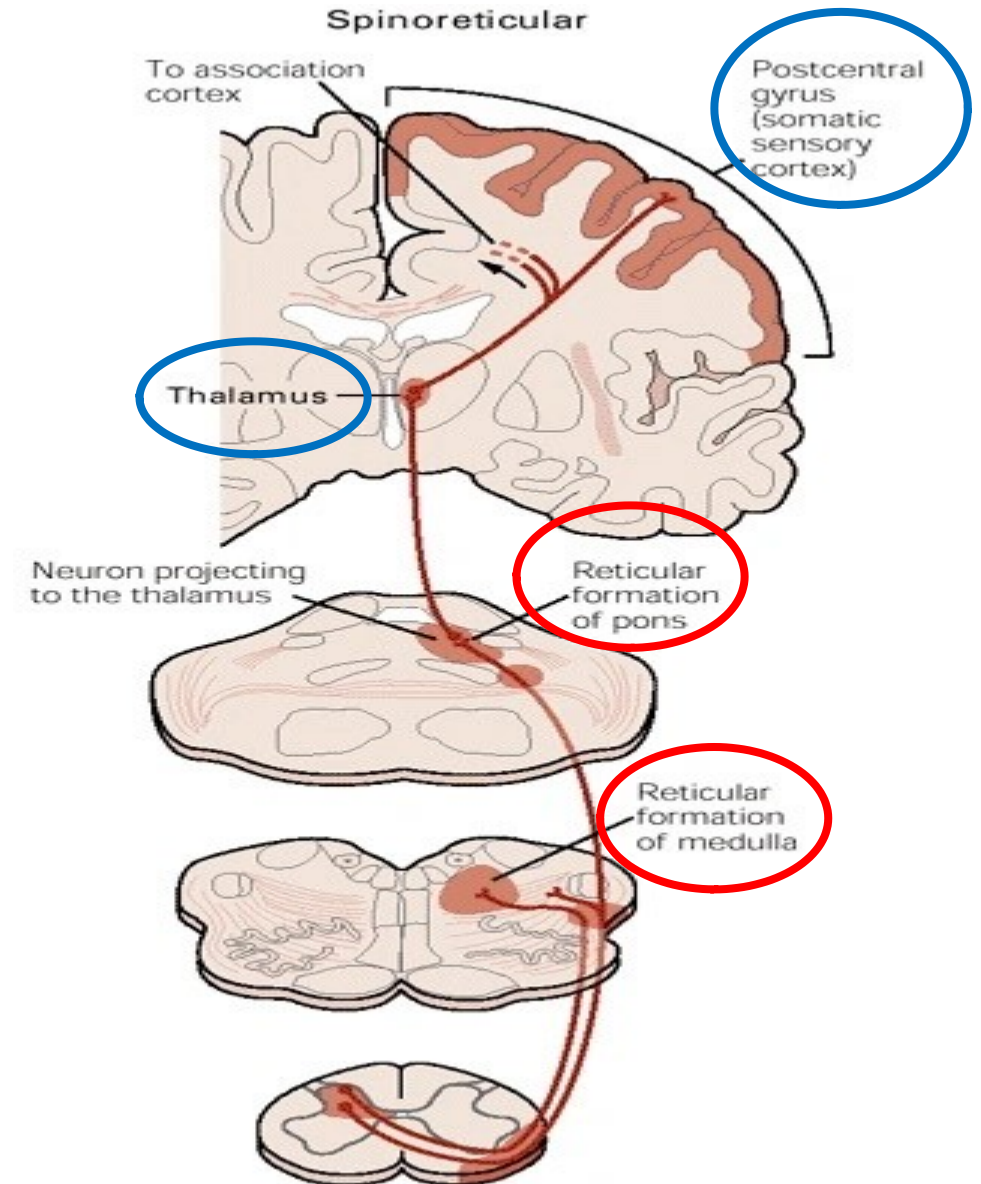
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graph TD; A[Other Short Ascending Tracts] --> B[Spino-reticular]; A --> C[Spino-tectal];
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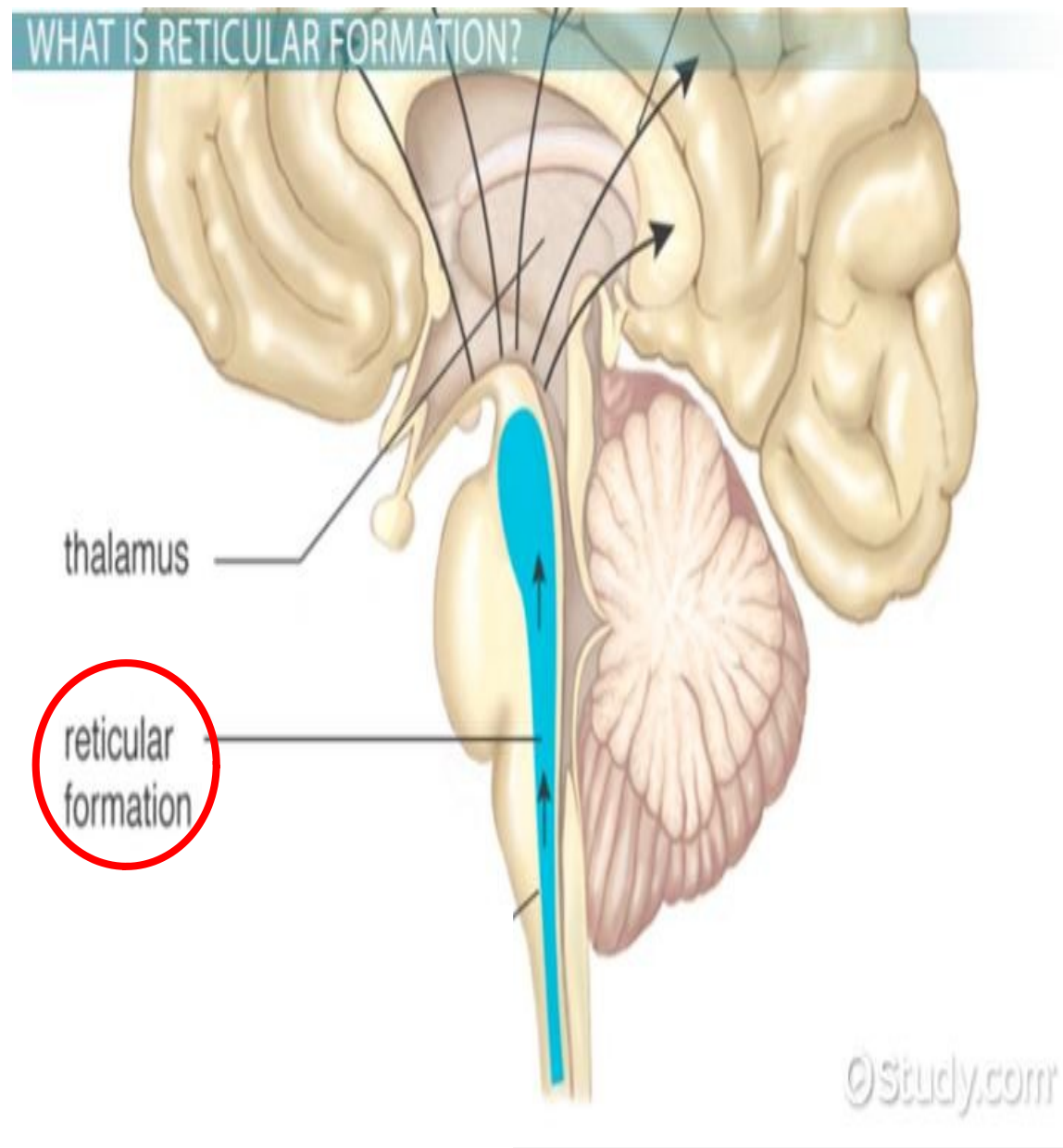
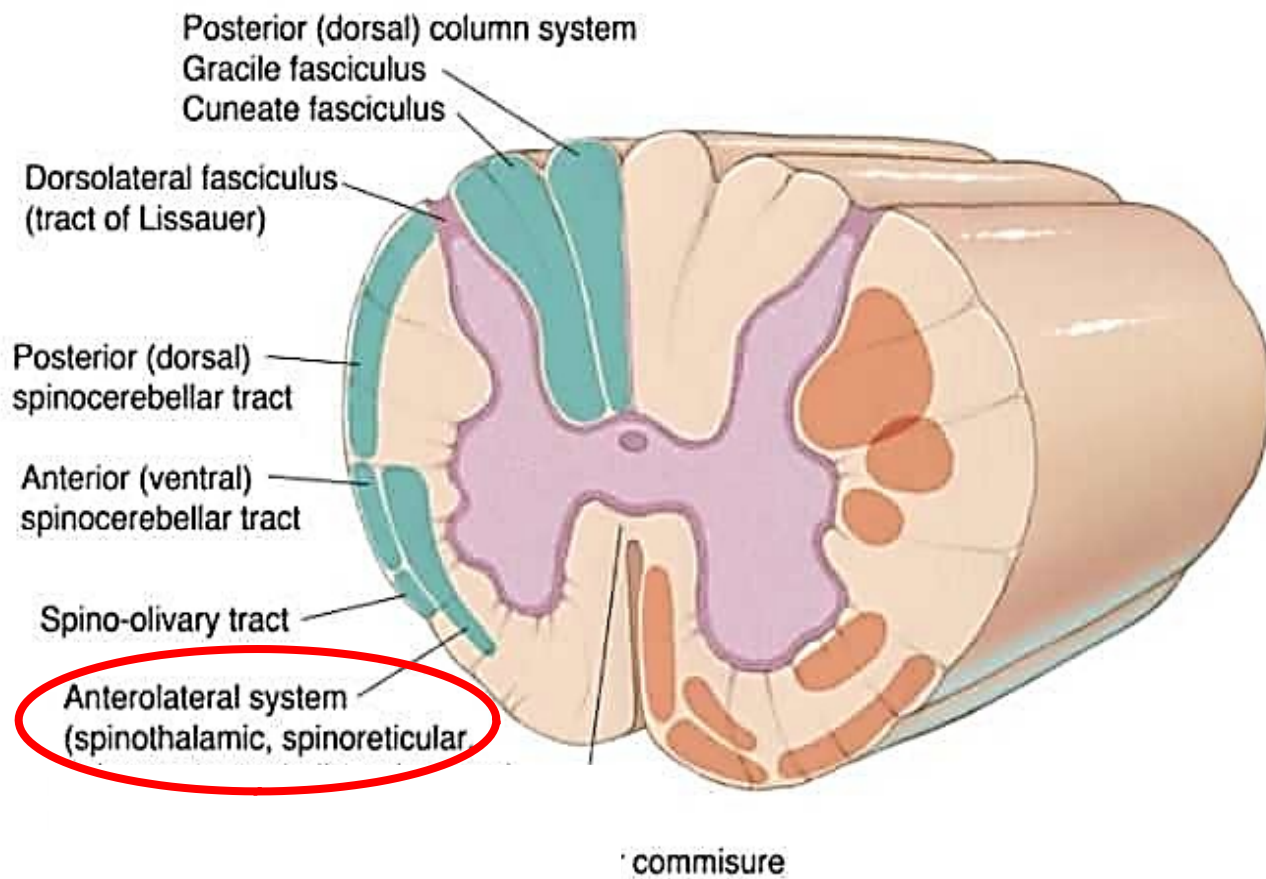
**Spino-
reticular**

**Spino-
tectal**

Spinoreticular Tract

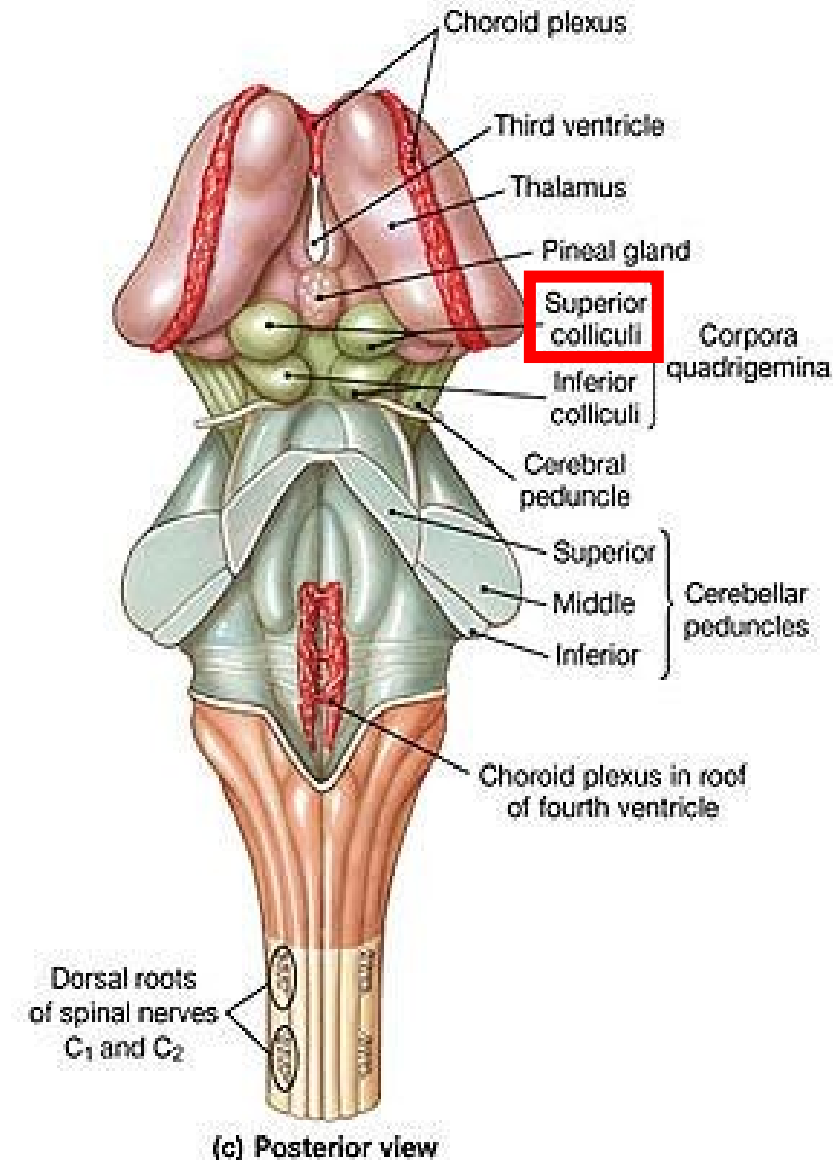
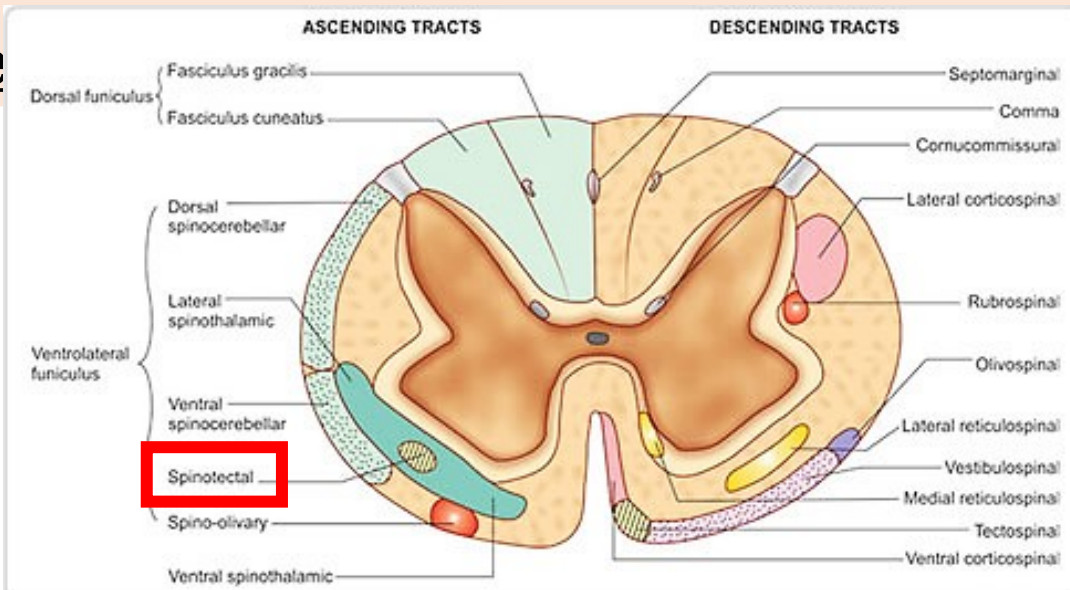
- Its fibers ascend in the lateral & ventral white columns where it is intermingled with the spino-thalamic tracts.
- Most fibers cross to the opposite side & ascend to end on neurons of the spino-reticulo-thalamo-cortical pathway.
- A spino-reticulo-thalamo-cortical pathway was suggested as a route for slow dull-aching pain sensation.





Spinotectal Tract

- Most fibers cross to the opposite side & ascend in the lateral white column to end in the superior colliculi of the midbrain.
- The spino-tectal tract is concerned with spino-visual reflexes (head turning towards source



SUGGESTED TEXTBOOKS



**Clinical Anatomy for Medical Students .Richard S.
Snell**

Gray's anatomy for students .



THANK YOU